

DELEGATION

The Board of Nursing receives frequent requests to interpret the Rules and Regulations that address the delegation of nursing acts. This Position Paper is prepared in response to those requests.

The inquiries that we have received can be generalized into the following questions / statements:

- 1) What can or cannot be delegated?
- 2) To whom can a registered nurse delegate a nursing action?
- 3) Does the person accepting a delegated action works “under the RN’s license”?
- 4) Assigning a medically delegated action to an LPN or a less skilled assistant.
- 5) Accepting a delegated medical or nursing action.
- 6) The level of supervision required for delegated actions.

Definitions:

The following definitions are taken from N6.03(1)(a-d):

Assessment: Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.

Planning: Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.

Intervention: Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to LPN’s or less skilled assistants.

Evaluation: Evaluation is the determination of a patient’s progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

What nursing actions can or cannot be delegated?

Based on the standards of practice for RN’s contained in N6.03(1), a Registered Nurse is directly responsible for ensuring that Assessment, Planning, Intervention and Evaluation are performed in order to maintain health, prevent illness, or care for the ill. The only portion of the Nursing Process that contains nursing acts that can be delegated to LPN’s or less skilled assistants is the Intervention phase, which includes the collection of data (vital signs etc.) necessary to continuously Assess, Plan and Evaluate care.

A registered nurse can only delegate an act that they “own”, a nursing act, one they would be responsible for ensuring is completed on a day-to-day or shift-to-shift basis. This becomes a particularly important distinction when working in self-care residential settings, for example in Community Based Residential Facilities, prisons, or in some school settings. In these settings, the resident (or parent in the school setting) is ultimately responsible for ensuring that they or their children receive their medications. In this example, authority for administration of medication flows from the physician to

the resident or parent and ultimately to the delegate in those settings. In each of these settings, a registered nurse may be called upon in a consultative basis to ensure that the individuals who assist with medication administration are competent to perform the duty. However, the only piece of this process that the RN owns (in this model), and thereby could feasibly delegate, is the evaluation of staff for competency to perform the duty. In these examples, the “administration” of medications belongs to the resident or the parent. Authority for performing this task (delegation) comes directly from the resident or the parent.

To whom can a registered nurse delegate a nursing action?

As stated in N6.03(3) *an RN shall (a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised.* Although the administration of a healthcare facility or organization may suggest which nursing acts should be delegated and/or to whom the delegation may be made, it is the RN who makes, and is ultimately responsible for making, the decision whether and under what circumstances, the delegation occurs. If an RN knows or should have known that the person supervised is not prepared by education, training or experience to safely perform a delegated nursing act, the RN may not delegate the task.

The concept that the person accepting a delegated action works “under the RN’s license”.

A RN who delegates nursing actions to LPN’s or less skilled assistants is required under N6.03(3)(b) *to provide direction and assistance to those supervised (c) Observe and monitor the activities of those supervised and (d) Evaluate the effectiveness of acts performed under supervision.*

Under the legal concept of *respondeat superior*, the RN-delegated acts performed by LPN’s or less-skilled assistants are the acts of the RN.

Assigning a medically delegated action to an LPN or a less skilled assistant

A physician does not “own” an act by virtue of writing a prescription or a request for service. A registered nurse can delegate any act that they “own”, one they are responsible for ensuring is completed on a day-to-day or shift-to-shift basis.

Accepting a delegated medical or nursing action.

A nurse should only accept those delegated acts that they are competent to perform. Inherent in the refusal to accept a delegated act is the absolute requirement that the nurse who is refusing must communicate their refusal to the physician or supervisor who is delegating it.

The level of supervision required for the delegated actions.

There are two levels of supervision that are defined in N6.02. In N6.02(6) “*Direct supervision*” means *immediately available to continually coordinate, direct and inspect at first hand the practice of another.* And in N6.02(7) “*General supervision*” means *regularly available to coordinate, direct and inspect the practice of another.* In practice, Direct Supervision means an RN is at all times in the facility and able to respond rapidly

to a request for assistance. General Supervision does not require 24 hour per day onsite RN availability.

The level of supervision that is required in any given situation is dependent upon the complexity of the patient's condition. Basic patient situations are defined in N6.02(2) and could be coordinated, directed and inspected under General Supervision. Complex patient situations are defined in N6.02(3). Because of the changing nature of these complex situations, an RN should be immediately available to assess the patient and to coordinate direct and inspect the practice provided by the delegates.

As in all situations where multiple laws may apply, the nurse or facility is held to the highest standard.